

EMPLOYMENT APPLICATION, Town of Patagonia

PO Box 767, 310 McKeown Ave, Patagonia, AZ 85624 (520)394-2229 fax(520)394-2861

Date received by Town of Patagonia:

Received by:

POSITION TITLE:

DATE:

Applicant Name (Last, First, M.I.)

Social Security Number

State/Drivers License #

Mailing Address (Include City, State, Zip)

Salary Requirements:

Type of Position:

FULL-TIME PART-TIME TEMPORARY

Date Available for Work

If you are not a U.S. Citizen, have you the legal right to work in the U.S.? YES NO

Home Phone

Work Phone

Work Holidays?

Work Weekends?

Have you ever worked for Town of Patagonia?

If YES, when and what position?

Have you ever been employed under another name? YES NO

If YES, please list:

Have you plead guilty or no contest to, or been convicted of a crime? (not necessarily a bar to employment) YES NO

If YES, please explain and give location: Convictions are evaluated in relation to a position and will not necessarily disqualify employment

If you are under age 18, please list your age.

If YES, please explain:

Do you have relatives working for Town of Patagonia? YES NO Name

Will you work overtime if required? YES NO

Will you relocate if job requires it? YES NO

Have you ever been bonded? YES NO

Are you able to meet the attendance requirements of the position? YES NO

Will you travel if job requires it? YES NO

WORK HISTORY (Begin with most recent employer)

Are you employed now? YES NO May we contact your present employer? YES NO

Name of Company

Complete Street Address

City, State, Zip

Phone Number

Supervisor's Name

Your Job Title

Date Started

Salary

PER

Date Left

Salary

PER

Briefly describe your responsibilities and accomplishments

Reason for Leaving:

Other Information:

Name of Company

Complete Street Address

City, State, Zip

Phone Number

Supervisor's Name

Your Job Title

Date Started

Salary

PER

Date Left

Salary

PER

Briefly describe your responsibilities and accomplishments

Reason for Leaving:

Other Information: